

10/15/47 222

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2	/					52							
3						53							
4						54							
5						55							
6	1					56							
7						57							
8						58							
9						59							
10						60							
11						61							
12						62							
13						63							
14						64							
15						65							
16						66							
17						67							
18						68							
19						69							
20						70							
21						71							
22	>					72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	/					TOTAL IND.							
TOTAL DEP.	18					TOTAL DEP.							
TOTAL CLAIMS	19					TOTAL CLAIMS							